



FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/950,082-Conf. #9299	
		Filing Date	September 12, 2001	
		First Named Inventor	Steven M. Ruben	
		Examiner Name	M. Sheinberg	
		Group Art Unit	1634	
TOTAL AMOUNT OF PAYMENT	(\$)	612.00	Attorney Docket No.	PS-804

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> Money Order		
<input type="checkbox"/> Other	<input type="checkbox"/> None		
Deposit Account Number: 08-3425			
Deposit Account Name: Human Genome Sciences, Inc.			
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee (\$)	Fee Description
1001	750	2001	375 Utility filing fee
1002	330	2002	165 Design filing fee
1003	520	2003	260 Plant filing fee
1004	750	2004	375 Reissue filing fee
1005	160	2005	80 Provisional filing fee
SUBTOTAL (1)		(\$)	0.00
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims	43	-23** =	20
Independent Claims	8	-5** =	3
Multiple Dependent			
Extra Claims		Fee from below	Fee Paid
		20	18.00
		3	84.00
Large Entity	Small Entity		
Fee Code	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9 Claims in excess of 20
1201	84	2201	42 Independent claims in excess of 3
1203	280	2203	140 Multiple dependent claim, if not paid
1204	84	2204	42 ** Reissue independent claims over original patent
1205	18	2205	9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)	612.00
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3)	
		(\$)	
		0.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Janet M. Martineau	Registration No. (Attorney/Agent)	46,903
Signature		Telephone	(301) 315-2723
		Date	March 25, 2003